



Please type or print in ink.

Public Document

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
KERNS	MICHAEL	H	[REDACTED]
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE ZIP CODE
[REDACTED]			OPTIONAL: E-MAIL ADDRESS
[REDACTED]			

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Sonoma County Board of Supervisors

Division, Board, District, if applicable:

District Two

Your Position:

County Supervisor

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: See Attachment "A"

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☒ County of Sonoma

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial

Date: ____/____/____

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is ____/____/____, through December 31, 2009.

☐ Leaving Office Date Left: ____/____/____ (Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: 3

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached
Investments (10% or Greater Ownership)

Schedule B ☐ Yes - schedule attached
Real Property

Schedule C ☐ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes - schedule attached
Income - Gifts

Schedule E ☐ Yes - schedule attached
Income - Gifts - Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

3/17/10

Signature

[REDACTED SIGNATURE]

(File the originally signed statement with your filing official.)

ATTACHMENT A

MICHAEL H. KERNS
January 1 through December 31, 2009

The following list is a list of certain special assignments for
Supervisor Michael H. Kerns for the year 2009:

Special Assignment	Position
Association of Bay Area Governments	Director
Community Advisory Board of the San Francisco Bay Water Transit Authority	Director
Golden Gate Bridge District	Director
Local Agency Formation Commission	Commissioner
Northbay Watershed Association	Director
Sonoma County Transportation Authority	Vice Chair
Sonoma/Marin Area Rail Transit II Board of Directors	Past Chair

SCHEDULE D
Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>MIKE KERNS</u>
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▶ NAME OF SOURCE
INFINEON RACEWAY

ADDRESS (Business Address Acceptable)
Hwy 37 #121, Sonoma, CA 95476

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Infineon Raceway

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6/21/09</u>	<u>250.00</u>	<u>NASCAR TICKETS (2)</u>
	\$	
	\$	

▶ NAME OF SOURCE
SONOMA GOLF CLUB

ADDRESS (Business Address Acceptable)
17700 Arnold Drive, Sonoma, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10/29/09</u>	<u>240.00</u>	<u>Charles Schwab Cup Championship (2)</u>
	\$	
	\$	

▶ NAME OF SOURCE
SONOMA COUNTY FAIR

ADDRESS (Business Address Acceptable)
P.O. Box 1536, Santa Rosa, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Annual Fair

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7/28/09</u>	<u>401.00</u>	<u>Fair & Director Passes</u>
	\$	
	\$	

▶ NAME OF SOURCE
SONOMA COUNTY HARVEST FAIR

ADDRESS (Business Address Acceptable)
P.O. Box 1536, Santa Rosa, CA 95402

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8/14/09</u>	<u>130.00</u>	<u>Cpla Tickets (2)</u>
	\$	
	\$	

▶ NAME OF SOURCE
PG & E

ADDRESS (Business Address Acceptable)
1415 L Street, Suite 280

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Sacramento, CA 95814

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10/8/09</u>	<u>404</u>	<u>President's Cup Food & Beverage (2)</u>
	\$	
	\$	

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

Comments: _____